

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/716309

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	Cancel					
2		Ø				
3		Ø				
4		Ø				
5		Ø				
6			invalid			
7		Ø				
8		Ø				
9	Cancel					
10		Ø				
11		Ø				
12		Ø				
13		Ø				
14	Cancel					
15		Ø				
16		Ø				
17	Cancel					
18		Ø				
19		Ø				
20		Ø				
21		Ø				
22		Ø				
23	CANCEL					
24		Ø				
25		Ø				
26		Ø				
27		Ø				
28	1					
29	1					
30	1					
31	1					
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	44	↓		↓		↓
TOTAL DEP.	18	↓		↓		↓
TOTAL CLAIMS	23					

22

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						